Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **September 16-30, 2003.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

						7
EDERAL ASSISTAN	ICE .	2. DATE SUBMITTED	₹' - ∰'	Applicant Identifier		
TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application identifi	ier	
Application	Prespolication			- 114 45		4
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	1	
Non-Construction	Non-Construction					-
APPLICANT INFORMATION	- Vige in the control of the control		Organizational Unit			┪
igai Namei HOME GARDEN∷COM	MUNITY SERV	ICES DISTRIC	T		1.	
idress (give city, county, State,	and zip code):		Name and telephone this application (give		ontacted on matters involving	ng.
11677 2nd Place	2			- FADENRECHT		
Hanford, CA 932			(559) 584	-4449	•	_
EMPLOYER IDENTIFICATION			7. TYPE OF APPLIC	ANT: (enter appropriate le		
				H. Independent School	G G	
	<u></u>		A. State B. County		tution of Higher Learning .	
TYPE OF APPLICATION:	- . ·	_	C. Municipal	J. Private University	•	
X New	Continuation	Revision	D. Township	K. Indian Tribe		
Revision, enter appropriate lette	eria) in himies)	·	E Interstate	L Individual	•	
KEVESON, BINES SPOTOPIEUS IEU	artal as named as		F. Intermunicipal	M. Profit Organization	•	
A. Increase Award B. Dec	rease Award C. Incre	asa Duration	G. Special District	N. Other (Specify)		.
D. Decrease Duration Other(s			9. NAME OF FEDE	AL AGENCY:		\dashv
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		 	USDA			l
,	T.		14 DESCRIPTIVE	TITLE OF APPLICANTS	PROJECT:	
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			-		THE REAL PROPERTY AND ADDRESS OF THE PARTY AND	
www.Water a	nd Disposal	Loan and /	Water 1		DECEIVI	
TITLE: Water a	and Disposal	Loan and /			RECEIV	
12 AREAS AFFECTED BY PR	OJECT (Cilles, Counties,	States, etc.): Grant			RECEIV	003
Rural Kings Co	OJECT <i>(CHes, Countes,</i> ounty, Calif	sates, etc.): Grant fornia			SEP 2 9 2	003
12 AREAS AFFECTED BY PR	OJECT (Cilles, Counties,	States, etc.): Grant			RECEIVE SEP 2 9 2	003
Rural Kings Co	OJECT (CHes, Countles, Countles, Calif	States, etc.): Grant Cornia DISTRICTS OF: 20th	b. Project	LEY	RECEIV	003
Rural Kings Co	OJECT (CHes, Countles, Dunty, Calif	States, etc.): Grant Cornia DISTRICTS OF: 20th	b.Project Wate	LEY er Lines	SEP 2 9 2	003
Rural Kings Co 11 PROPOSED PROJECT Start Date 10-1-03 12-31-6	OJECT (CHes, Countles, Dunty, Calif	States, etc.): Grant Cornia DISTRICTS OF: 20th	b. Project IST Wate	LEY er Lines on subject to Review	RECEIVE SEP 2 9 2	003
IZ AREAS AFFECTED BY PR Rural Kings Co 13 PROPOSED PROJECT	OJECT (CHes, Countles, Dunty, Calif	States, etc.): Grant Cornia DISTRICTS OF: 20th	b.Project Wate	LEY er Lines on subject to Review	SEP 2 9 2	003
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Rural Kings Co 11 PROPOSED PROJECT Start Date Ending Date 10-1-03 12-31-6	ounty, Californites, Counties, County, Californity, California, Applicant HOME COMMUNITY	States, etc.): Grant fornia DISTRICTS OF: 20th E GARDEN Z SERVICES DE	b. Project IST Wate ORDER 12372	OLEY ON SUBJECT TO REVIEW PROCESS?	SEP 2 9 2 STATE CLEARING W BY STATE EXECUTIVE	003
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APPLICATION FOR				OMB Approval No. 0348-004
FEDERAL ASSISTAL	NCE	2. DATE SUBMITTED September	r 29, 2003	Applicant Identifier R9 Tracking # 03-0492
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier
<u>Ap</u> plication	Preapplication			
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
Non-Construction	Non-Construction			
5. APPLICANT INFORMATION Legal Name:			Organizational Unit:	
Irvine Ranch Water I			Irvine Ranch	
Address (give city, county, State,	, and zip code):		· ·	number of person to be contacted on matters involving
15600 Sand Canyon	Avenue		this application (give a John Hills	rea code)
Irvine, CA 92618 Co	ounty of Orange		(949) 453-585	50
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):			ANT: (enter appropriate letter in box)
9 5 - 2 2 3 2				G
			A. State	H. Independent School Dist.
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Learning
✓ New	v Continuation	Revision	C. Municipal D. Township	J. Private University K. Indian Tribe
If Revision, enter appropriate lett	tor(e) in hov(ee)		E. Interstate	L. Individual
n nevision, enter appropriate lett	lei(s) iii box(es)		F. Intermunicipal	M. Profit Organization
A. Increase Award	rease Award C. Increas	e Duration	G. Special District	N. Other (Specify)
	(specjfy) E V E		· ·	
	In the second se		9. NAME OF FEDERA	AL AGENCY:
	-		-D.	
	SEP 2 9 2003		EPA	
10. CATALOG OF FEDERAL D		UMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:
		6 6 6 0 6	San Diego Creek	•
	FICHFARING HOU		Watershed Natur	
	udies, and Special Pur		Treatment Syste	
12. AREAS AFFECTED BY PRO	DJECT (Cities, Counties, Sta	ates, etc.):		
Orange County (City of In	vine and portions of su	ırrounding cities)		
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:		
Start Date Ending Date	a. Applicant		b. Project	
11/30/03 12/31/10	48	8		48, 40, 47
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE
			ORDER 12372 PF	ROCESS?
a. Federal	\$	607,100 · · · · · · · · · · · · · · · · · ·	\\F6	A DDI LO ATIONIA DDI LOATIONI WAS MADE
	.	00		APPLICATION/APPLICATION WAS MADE E TO THE STATE EXECUTIVE ORDER 12372
b. Applicant	\$	2,392,900		FOR REVIEW ON:
c. State	\$.00	1 1100200	09/30/03
		1,000,000	DATE	09/30/03
d. Local	\$.00	_	
		00	4 —	AM IS NOT COVERED BY E. O. 12372
e. Other	\$	1,000,000	FOR REV	GRAM HAS NOT BEEN SELECTED BY STATE
f D	\$	00	- FOR REV	VIEVV
f. Program Income	\$	•	17. IS THE APPLICA	NT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$.00	1	
		5,000,000		attach an explanation. No
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF, AL	L DATA IN THIS APPLIC	ATION/PREAPPLICA	TION ARE TRUE AND CORRECT, THE
			E APPLICANT AND T	HE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF				
a. Type Name of Authorized Rep	presentative	b. Title		c. Telephone Number (949) 453-5310
Paul Jones	no optotivo	General Manager		e. Date Signed
d. Signature of Authorized Repre	soci ilalive			o. Date digited

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APPLICATION FOR	•	athere	•	OMB Approval No. 0348-00
FEDERAL ASSISTAI	NCE	2. DATE SUBMITTED		Applicant Identifier
. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier
Application	Preapplication			The representation of the rest
Construction Non-Construction		4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
APPLICANT INFORMATION				L
gal Name:			Organizational Unit:	
Valley Foonamic Dev ddress (give city, county, State, 5121 Van Nuys, Blvd	and zin codol:		Name and telephone r	number of person to be contacted on matters invo
Van Nuys, CA 91403	11011	EGEIV	this application (give a	rea code) gan (818) 907-9977
EMPLOYER IDENTIFICATION	N.NUMBER (EIN)	SEP 2 5 2003	7. TYPE/OF APPLICA	NT: (enter appropriate letter in box)
95-3139		SEP 2 5 2003		
TYPE OF APPLICATION:			A. State	H. Independent School Dist. I. State Controlled Institution of Higher Learning
⊠ New	. Cantal LCIA	E CHENRIANG F	C. Municipal	J. Private University
		L (M. Devision	D. Township	K. Indian Tribe
Revision, enter appropriate lett	er(s) in box(es)		E. Interstate	L. Individual
A Increase Award P Dec	roose Award C Ingress	a Duration	F. Intermunicipal	M. Profit Organization
A. Increase Award B. Dec D. Decrease Duration Other(s	rease Award C. Increas	e Duration	G. Special District	N. Other (Specify) n-Profit Corp.
D. Decrease Datation Circuit	specify.		9. NAME OF FEDERA	
			Economic Develo	opment Administration (EDA)
. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:
		111_300	Highland Parl	k Professional Building
TITLE: EDA	- Public Works Gran	t		_
2. AREAS AFFECTED BY PRO			1	
Highland Park Area				
3. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:		
tart Date Ending Date	a. Applicant		b. Project	
9/03 9/04	CA 27th Di	st.		st Dist.
5. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PE	SUBJECT TO REVIEW BY STATE EXECUTIVE
. Federal	\$ 1,000,000	.00	1	
				APPLICATION/APPLICATION WAS MADE E TO THE STATE EXECUTIVE ORDER 12372
. Applicant	\$ 1,991,000	•	•	FOR REVIEW ON:
State	\$.00	DATE	
. Local	\$.		h No M PROCE	AM IS NOT COVERED BY E. O. 12372
o. Other	\$.60		GRAM HAS NOT BEEN SELECTED BY STATE
Program Income	\$		17. IS THE APPLICA	NT DELINQUENT ON ANY FEDERAL DEBT?
. TOTAL	\$ 2,991,000	.00	Yes If "Yes,"	attach an explanation.
DOCUMENT HAS BEEN DULY	WLEDGE AND BELIEF, AI AUTHORIZED BY THE G	OVERNING BODY OF T	CATION/PREAPPLICA HE APPLICANT AND T	TION ARE TRUE AND CORRECT, THE HE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF Type Name of Authorized Rep. Baltacar		b. Title President		c. Telephone Number (818) 907–9977
gnature of Authorized Repre				e. Date Signed
				Olandard 5 404 / Day 7 073
Previous Edition Usable Authorized for Local Reproduction	on		•	Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

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				OMB Approval No. 0348-0043
APPLICATION FOR				
FEDERAL ASSISTAN	ICE	2. DATE SUBMITTED		Applicant Identifier
		7/09/03		03-429
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier
	Preapplication			
Construction	☐ Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier
X Non-Construction	Non-Construction			
5. APPLICANT INFORMATION	5	G E I V E	[a [] [[a]] [[a] [[a] [[a] [[a] [[a] [[a] [[a	
Legal Name:			Organizational Unit:	III Prevention and Response
California Departmer		ne	Office of Spi	number of person to be contacted on matters involving
Address (give city, county, State,	and zip code):	SEP 2 5 2003	this application (give a	
1416 9th Street		OEF 2 3 2000		
Sacramento CA 9581	14		Carol Bemai	(916) 323-4728
1 .		OLEADINO HO	7 TYPE OF APPLICA	ANT: (enter appropriate letter in box)
6. EMPLOYER IDENTIFICATION		CLEAKING HU	JUL	A
9 4 - 1 6 9 7	5 6 7	Chapter Land Borning Control of C	A. State	H. Independent School Dist.
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of Higher Learning
		Revision	C. Municipal	J. Private University
X New	Continuation	I_ Kevision	D. Township	K, Indian Tribe
If Revision, enter appropriate lett	er(s) in box(es)) [E. Interstate	L. Individual
		لـــــ ا	F. Intermunicipal	M. Profit Organization
A. Increase Award B. Dec	rease Award C. Increase	e Duration	G. Special District	N. Other (Specify)
D. Decrease Duration Other(specify):		9. NAME OF FEDER	AL AGENCY:
	,		1	
		· · · · · · · · · · · · · · · · · · ·	U.S. Environn	nental Protection Agency
10. CATALOG OF FEDERAL D	MESTIC ASSISTANCE NI	IMRER:	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJECT:
10. CATALOG OF FEDERAL D				ontrols at Palos Verdes Shelf
•	L	6 6 - 8 0 2	i .	Official at a alos verdes error
TITLE Palos Vordes Shell	Non-Time Critical Removel Action	n Institutional Controls Program	Activities.	•
12. AREAS AFFECTED BY PRO	DJECT (Citles, Counties, Sta	ates, etc.):		
Southern California	•			
Soutier Camornia				
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:		
Start Date Ending Date	a, Applicant		b. Project	
7/01/03 6/30/06	District 5	_	District 37	
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE
			ORDER 12372 PI	ROCESS?
a. Federal	\$	0 57 0		- WAR THE WAR WAR
	0	8,579 ·	a. YES, THIS PRE	APPLICATION/APPLICATION WAS MADE
b. Applicant	\$	00	1	E TO THE STATE EXECUTIVE ORDER 12372
		₩	PROCESS	FOR REVIEW ON;
c. State	\$.**	DATE	<u></u> :
			}	
d. Local	\$	•	LAG DIPPOSE	AM IS NOT COVERED BY E. O. 12372

68,579 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE

00

ATTACHED ASSURANCES IF THE ASSISTANCE IS AWA	RUED.
	b. Title
Michael F. Harris	Deputy Director, Administration

Michael F. Harris d. Signature of Authorized Representative

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e. Other

g. TOTAL

f, Program Income

c, Telephone Number (916) 653-4633

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

FOR REVIEW

Yes If "Yes," attach an explanation.

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE

e. Date Signed Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

X No



APPLICATION FOR				OMB A	pproval No. 0348-00
FEDERAL ASSISTAL	NCE	2. DATE SUBMITTED	Applicant Identifier 03-475		
		7/09/03		03-475	
1. TYPE OF SUBMISSION:	•	3. DATE RECEIVED BY	STATE	State Application Identifier	
Application	Preapplication				
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
X Non-Construction	Non-Construction				
5. APPLICANT INFORMATION			Organizational Unit:		
Legal Name:	at of Eich and Gar		Office of Spi	ill Prevention and	Response
California Department Address (give city, county, State,			Name and telephone	number of person to be contacted	ed on matters involvi
	ана др сооб).	No.	this application (give a		
1416 9th Street Sacramento CA 958	14 \ \(\bar{\bar{\bar{\bar{\bar{\bar{\bar{	EOVE	111	(916) 323-4728	
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):		7 TYPE OF APPLICA	NT: (enter appropriate letter in	box)
	TETETET IN	n o E 2002	P).		A
9 4 1001	19 19 14 SE	P 2 5 2003 L	A State	H. Independent School Dist.	
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of	f Higher Learning
X New	Continuation	Revision HOU	C. Municipal	J. Private University	
	1 CTAIL-L	LEAKING MUU	D. Township E. Interstate	K, Indian Tribe L. Individual	
If Revision, enter appropriate lette	er(s) in box(es)	and the second s	F. Internunicipal	M. Profit Organization	
A Increase Award B. Dec	rease Award C. Increase	Duestion	G. Special District	N. Other (Specify)	
D. Decrease Duration Other/s	••••	Deladon	O. Opeans Bould	o dioi (op out))	
D, Decrease Borason Suzific	spcu///.		9. NAME OF FEDERA	AL AGENCY:	
			IIS Environm	nental Protection Age	ncv
				•	
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE NU	MBER:	11. DESCRIPTIVE TIT	TLE OF APPLICANT'S PROJE	ст:
Ì		6 6 -8 0 2	Monitoring Pile	ot Cap Project at Pak	os Verdes
Pales Varias S	helf Remedial Investigation/l		Shelf		
			}		
12. AREAS AFFECTED BY PRO	·	tes, etc.):			
Southern Californ	nia				
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:			A
Start Date Ending Date	a. Applicant		b. Project		
7/01/03 6/30/06	District 5		District 37		
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY ST	ATE EXECUTIVE
			ORDER 12372 PR	OCESS?	
a. Federal	\$ 5') 000 · "			
	IJ∡	2,800		PPLICATION/APPLICATION V	
b. Applicant	\$		t	TO THE STATE EXECUTIVE (FOR REVIEW ON:	JRDER 12372
c. State	\$	-00	DATE		
d. Local	\$.60			
				M IS NOT COVERED BY E. O.	
e, Other	\$.00	☐ OR PROG	FRAM HAS NOT BEEN SELEC	TED BY STATE
			FOR REV	IEW	
f. Program Income	\$	a 0	17 IS THE APPLICAN	IT DELINQUENT ON ANY FEL	ERAL DEBT?
4 TOTAL	5 60	· · · · · · · · · · · · · · · · · · ·			
g. TOTAL	52	2,800		attach an explanation.	⊠ No
18. TO THE BEST OF MY KNOW	VLEDGE AND BELIEF, ALL	DATA IN THIS APPLICA	ATION/PREAPPLICAT	ION ARE TRUE AND CORREC	T, THE
DOCUMENT HAS BEEN DULY			E APPLICANT AND TH	IE APPLICANT WILL COMPLY	WITH THE
ATTACHED ASSURANCES IF			***	. Talanhar - Na	
a. Type Name of Authorized Repr	resentative	b. Title	dministration	c. Telephone Number (916) 653-4633	
Michael F. Harris	- Contains	Deputy Director, A		e. Date Signed	

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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

APPLICATION FOR OMB Approval No. 0348-0043 2. DATE SUBMITTED Applicant Identifier FEDERAL ASSISTANCE June 4, 2003 Tulare County Fire Dept 1. TYPE OF SUBMISSION: 3. DATE RECEIVED BY STATE State Application Identifier Application Construction Preapplication ☐ Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier Non-Construction Non-Construction 5. APPLICANT INFORMATION Legal Name: Organizational Unit: Tulare County Fire Department Address (give city, county, State, and zip code): Name and telephone number of person to be contacted on matters involving 1968 South Lovers Lane this application (give area code) Mike Green (559) 757-3025 Visalia, Tulare, CA 93292 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) 9 4 - 6 0 0 0 5 4 5 В A. State H. Independent School Dist. 8. TYPE OF APPLICATION: I. State Controlled Institution of Higher Learning B. County C. Municipal J. Private University New New Continuation Revision D. Township K. Indian Tribe If Revision, enter appropriate letter(s) in box(es) E. Interstate L. Individual F. Intermunicipal M. Profit Organization A. Increase Award B. Decrease Award C. Increase Duration G. Special District N. Other (Specify) D. Decrease Duration Other(specify): 9. NAME OF FEDERAL AGENCY: USDA - US Department of Agriculture 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: C.H.A.S.E. - Communities Helped through ADA access 1 0 7 6 6 and Safety of emergency Employees TITLE: Community Facilities Loans and Grants 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Tulare County Communities: Tipton, Terra Bella, Richgrove, Cutler. SEP 24 2003 14. CONGRESSIONAL DISTRICTS OF: 13. PROPOSED PROJECT Start Date **Ending Date** a. Applicant FATE OLEARING HUC b. Project 10/1/03 9/30/04 District 20 District 20 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? \$ 30,525 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE \$ AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 10,175 PROCESS FOR REVIEW ON: \$ 06/04/03 DATE \$

a. Federal b. Applicant c. State d. Local b. No. | PROGRAM IS NOT COVERED BY E. O. 12372 e. Other \$ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW f. Program income \$ 00 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL \$ Yes If "Yes," attach an explanation, 40.700 ₩ No 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE

DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE

b. Title

Chief

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David Hillman

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d. Signature of Authorized Regire

a. Type Name of Authorized Representative

ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

June 4, 2003 Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

c. Telephone Number (559) 732-5954

e. Date Signed

APPLICATION FOR					OMB Approval No. 0348-00
FEDERAL ASSISTA	ANCE	2. DATE SUBMITTED July 1	, 2003	Applicant Identifie	er .
1. TYPE OF SUBMISSION:		3. DATE RECEIVED B	Y STATE	State Application	Identifier
Application Construction	Preapplication				
Non-Construction	Construction Non-Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name:			Organizational Unit:		
Tipton Community S			N/A		
Address (give city, county, Stat	e, and zip code):		Name and telephone	number of person t	o be contacted on matters involvi
P.O. Box 266,			this application (give a Steven Hunt,	rea code) Cr	
Tipton, CA 93272			559-752-4182		
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		7. TYPE OF APPLICA		riate letter in box)
9 4 — 1 5 2 5	5 3 8 6				G
8. TYPE OF APPLICATION:			A. State	H. Independent S	chool Dist.
			B. County C. Municipal	State Controlled J. Private Univers	Institution of Higher Learning
№ Ne	w	Revision	D. Township	K. Indian Tribe	цу
If Revision, enter appropriate le	tter(s) in box(es)		E. Interstate	L. Individual	
A. Increase Award B. De			F. Intermunicipal	M. Profit Organiza	
	crease Award C. Increase (specify):	e Duration	G. Special District	N. Other (Specify)	
p. postodoc paration Other	(apoony).		9. NAME OF FEDERA	A AGENCY:	
·					
			USDA Rural Utili	ty Service	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TIT	LE OF APPLICAN	IT'S PROJECT:
		10-763	North Burnett Ro	ad Water Exter	sion Project
TITLE: Emergency	Community Water Ass	istance Grants		ad Trato. Extor	
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties, Sta	ites, etc.):	1		
Community of Tipton		•			SEP 2 4 2003
	T				3EF 4 % 2000
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:			
Start Date Ending Date	a. Applicant		b. Project	· · · · · · · · · · · · · · · · · · ·	STATECHEARINGHOUS
10/1/03 6/1/04	21st- N	lunes	5. 1 10,000	21st-Nun	es
15. ESTIMATED FUNDING:			16. IS APPLICATION		IEW BY STATE EXECUTIVE
			ORDER 12372 PR		
a. Federal	\$	329,720			
o. Applicant	\$	00			LICATION WAS MADE
, Applicant		,		TO THE STATE E FOR REVIEW ON:	XECUTIVE ORDER 12372
c. State	\$.00	PROCESS		
			DATE	07/01/03	-
d. Local	\$.00	_		
e. Other	\$	00	b. No. PROGRA		
	"		☐ OR PROG FOR REV		EN SELECTED BY STATE
. Program Income	\$	00	FOR REVI	III V V	
		,	17. IS THE APPLICAN	T DELINQUENT O	N ANY FEDERAL DEBT?
J. TOTAL	\$	00			

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

329,720

President

a. Type Name of Authorized Representative b. Title

Steven Hunt, Sr. d. Signature of Authorized Representative

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c. Telephone Number (559) 752-4182

e. Date Signed

Yes If "Yes," attach an explanation.

July 1, 2003

Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

₩ No

							117	/		
APPLICATION	I FOR						l I n	OMB Appro	oval No.	0348-00
FEDERAL AS:	SISTANCE		2. DAY SUBM	ember 23, 200	3	Applicant id	entfier	2 1		2008
1. TYPE OF SUBMISS	SION:	gree or discourse or the second or the secon		IVED BY STATE	**************************************	State Applic	don Idan	rifior		
Application Construction		oplication Construction					ST	ATE OF	E A DI	MOI
Non-Construction) promo	on-Construction	4. DATE RECEI	IVE BY FEDERAL A	GENCY	Federal Iden	titler	to have but has	Long / 1 1	Hut
5. APPLICANT INFOR			- Partie							
Legal Namo: Regents of the	Linivaraity	of College		Organization	al Unit;					
Address (give city, cour	nty State and zi	or California	3			I Horticul				
Sponsored Pro			all.	this applicati	ilophone i nn /a/wo a	number of per	son to bo	contacted o	n matter	rs involvii
University of Ca	alifornia. D	avis CA 95	ali 615-8671 Va	Lechnic	ak Di	r. James I	Hardin	g (530)	752-0	349
EMPLOYER IDENTI			013-0077 10	Adminis	strative	e: Kimber	Iv Lan	nar (530	752	-606 5
	3 6 4			A. State	APPLICA	ANT: (entor ap _l	propriate .	letter in box)	[T]	
TYPE OF APPLICAT	TION:			B. County		H. Independe I. State Contr			L. ,	
•	New [Continuation	Revision	C. Municipa		J. Private Uni	vorsity		Or LOS	mung.
Rovision, enter approp	priate lotter(s) in	box(es)	7 1 7	D. Townshi E. Interstate		K. Indian Trib	0			
				F. Internun		L. Individual M. Profit Orga	nization			
A. Incroase Award D. Decroase Duration	B. Decrease A Other(specify)		so Duration	G, Special !	-	N. Other (Spo				
D. Doctores Dotation	Omer(specay)			9 NAME OF						
				9. NAME OF						
				I US Forest	Service	e, Northeas	tern Are	รล .		
CATALOG OF MEN										
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	/STRATUM C	ase Study	1 0 6 6	11. DESCRIP	TIVE TIT	apply MCT	CANT'S F	PROJECT: TUM in a	nd tra	inino
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TITLE: MCTI/ C. AREAS AFFECTED INKNOWN PROPOSED PROJE AND Ending 9/15/03 9/15 ESTIMATED FUNDIN Federal Applicant Cocal Other TO THE BEST OF MY CUMENT HAS BEEN TACHED ASSURANC	/STRATUM C BY PROJECT (1) CCT 14, CO. Dale a. Appli 5/05 NG: \$ \$ \$ \$ \$ \$ KNOWLEDGE DULY AUTHOR SES IF THE ASS	AND BELIEF, ALL	1 0 6 6 Stes, oic.): ISTRICTS OF: 55,000 30,462 00 85,462 DATA IN THIS AP WERNING BODY OF	b. Project 16. IS APPLIC ORDER 13 b. No. PROJECT 17. IS THE APPLICATION (PROJECT) 17. IS THE APPLICATION (PROJECT)	ATION S (372 PRO LABLE FOR SERVICES FREAM) COMPANY CLICATION OF THE	DEUINQUEN TO THE STATE OF REVIEW OF THE STATE OF THE STATE OF REVIEW OF THE STATE OF THE STATE OF THE STATE OF REVIEW OF THE STATE O	CANT'S INTERPORT ON ANY CONTRACTOR OF CONTRA	PROJECT: TUM in a software a prost bence the prost benchmark t	ADE 1237	TIVE
TITLE: MCTI/ AREAS AFFECTED INKNOWN PROPOSED PROJE INTO HORIZON SITUATION FEDERAL STEAM STATE PROPOSED PROJE INTO HORIZON SITUATION FEDERAL STATE PROPOSED PROJE INTO HORIZON FEDERAL STATE INTO THE BEST OF MY CUMENT HAS BEEN FACHED ASSURANCE TO THE BEST OF MY CUMENT HAS BEEN FACHED ASSURANCE TO THE BEST OF MY CUMENT HAS BEEN FACHED ASSURANCE TO THE BEST OF MY CUMENT HAS BEEN FACHED ASSURANCE TO THE BEST OF MY CUMENT HAS BEEN FACHED ASSURANCE TO THE BEST OF MY CUMENT HAS BEEN FACHED ASSURANCE TO THE BEST OF MY CUMENT HAS BEEN FACHED ASSURANCE TO THE BEST OF MY CUMENT HAS BEEN FACHED ASSURANCE TO THE BEST OF MY CUMENT HAS BEEN FACHED ASSURANCE TO THE BEST OF MY CUMENT HAS BEEN FACHED ASSURANCE TO THE BEST OF MY CUMENT HAS BEEN FACHED ASSURANCE TO THE BEST OF MY CUMENT HAS BEEN FACHED ASSURANCE TO THE BEST OF MY CUMENT HAS BEEN FACHED ASSURANCE TO THE BEST OF MY CUMENT HAS BEEN FACHED ASSURANCE TO THE BEST OF MY CUMENT HAS BEEN FACHED ASSURANCE TO THE BEST OF MY CUMENT HAS BEEN FACHED ASSURANCE TO THE BEST OF MY CUMENT HAS BEEN FACHED ASSURANCE TO THE BEST OF MY CUMENT HAS BEEN FACHED ASSURANCE TO THE BEST OF MY CUMENT HAS BEEN FACHED ASSURANCE TO THE BEST OF MY CUMENT HAS BEEN FACHED FACH	STRATUM C BY PROJECT (I CT 14, CO. Dale a. Appli 5/05 NG: \$ \$ \$ \$ \$ \$ \$ KNOWLEDGE DULY AUTHOR ES IF THE ASS BE REPROSONIATIVE TO BY PROJECT (I) STRATUM CO. STRATUM C	AND BELIEF, ALL	1 0 6 6 Dates, o.c.) ISTRIC IS OF: 55,000 30,462 00 85,462 DATA IN THIS AP IMPRINING BODY OF ROLD. b. Title	b. Project 16. IS APPLIC ORDER 4 17. IS THE APPLICATION/PREAPER APPLICANT A	ATION S 372 PRO PERSONNER REV PLICATION IN THE	APPLICANT Tolephone Number of Applicant Tolephone Number of Applicant Tolephone Number of Applicant Tolephone Number of Applicant	CANT'S INTERPORT ON ANY TON ANY COMPLET COMPLE	PROJECT: TUM in a software a prost bence the prost benchmark t	ADE 1237	TIVE
TITLE: MCTI/ AREAS AFFECTED INKNOWN PROPOSED PROJE INT Date Ending 9/15/03 9/15 ESTIMATED FUNDIN Federal Applicant State OCTAL TO THE BEST OF MY CUMENT HAS BEEN FACHED ASSURANC TO POWENT HAS BEEN FACHED ASSURANC	/STRATUM C BY PROJECT (1) CCT 14, CO. Date a, Appli 5/05 S \$ \$ KNOWLEDGE DULY AUTHOR ES IF THE ASS ad Reprosentativo	AND BELIEF, ALL	1 0 6 6 Stes, oic.): ISTRICTS OF: 55,000 30,462 00 85,462 DATA IN THIS AP WERNING BODY OF	b. Project 16. IS APPLIC ORDER 4 OYES. TH. AVA PRO b. No. PRO 17. IS THE APPLICATION/PREAPER PLICATION/PREAPER FIRE APPLICANT A	ATION S CATEGORIAN CONTRACTOR CON	DELINQUENT Tolephone No. 530) 752-60	CANT'S INTERPORT ON ANY TON ANY COMPLET COMPLE	PROJECT: TUM in a software a software a sorost bence the project b	ADE 1237	TIVE

APPLICATION F				OMB Approval No. 0348-0043
FEDERAL ASSIS	TANCE		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION:			September 17, 2003	
Application X		Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
Construction		Construction		
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Non-Construction		Non-Construction		F-108-B Amendment #1
5. APPLICANT INFORMATIO	STATE OF CALIFO	Dalla	_	
		KNIA	Organizational Unic	
Address (give city, county, sta	nt of Fish & Game		Department of Fish and	
	grams Branch		Name and telephone number of the person to be	contaced on matters involving this
1812 Ninth St		The state of the s	application (give area code):	
Sacramento,	11 31		Carolyn Murata (916)	445,3559
5. EMPLOYER IDENTIFICAT	TON NUMBER (EIV): SEP	22 2000	7 TYPE OF APPLICANT: (enter appropriate lett	
	34-1697567		A Stala	H. Independent School Dist.
8. TYPE OF APPLICATION:	1 200 000 000 1 3	ELDINIO HOHEE	B County	I. State Controlled Instruction
New	X continuetion ATE (I AND THE THE THE	C Municipal	of Higher Learning
If Revision, enter appropriate t	euel(2) U pox(GR);	of an executive control above transmit about the particular and a second above the particular above to	D. Township	J. Private University
			E. Interstate	L. Individual
A. Increase Award	B. Decrease Award		F. Intermunicipal	M. Profit Organization ,
C. Increase Duration	D. Décresse Duration		G. Special District	N. Other (Specify)
E Other (specify):				
	DOMESTIC ASSISTANCE NUM	BER:	9. NAME OF FEDERAL AGENCY:	
15-605			U.S. Department of the	
	Sport Fish Restor		U.S. Fish and Wildlife S	Service
12. / AREAS AFFECTED BY	PROJECT (cities, counties, state	es, etc.):	11. DESCRIPTIVE TITLE OF APPLICANT'S PRO	
		,	Motorboat Access Enhance	
\$	Sacramento Coi	unty	City of Isleton Public Access, I	
		7	Request for agreement period	extension. No changes
13. PROPOSED PROJECT;			in funding.	
3/15/2002	Ending Date	14, CONGRESSIONAL DISTRI	ICTS OF:	T
	11/1/2004	a. Applicant		D. Project
15. ESTIMATED FUNDING:	£404 £74 00	3] 3
s. Federal	\$494,534.00	16, IS APPLICATION SUE	BJECT TO REVIEW BY STATE EXECUTIVE ORDE	ER 12372 PROCESS?
b. Applicant	¥		PLICATION/APPLICATION WAS MADE AVAILABL CUTIVE ORDER 12372 PROCESS FOR REVIEW	
	\$164,845.00	1	Sent 70 2006	ON.
c. Slate	\$ 104 ₁ 040.00	Date:	20/3/12 P POUT	
d, Local			AM IS NOT COVERED BY E.O. 12372 DGRAM HAS NOT BEEN SELECTED BY STATE F	OD DEVIEW
		- OILTH	TO SELECTED BY STREET	OK KEVIEW
e. Other	* · · * * * * * * * * * * * * * * * * *	17. IS THE APPLICATION	DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income		Yes If 'Yes'	, attach an explanation	X No
g. TOTAL	\$659,379.00			
18. TO THE BEST OF MY KN	OWLEDGE AND BELIEF, ALL D	ATA IN THIS APPLICATION/PRI	EAPPLICATION ARE TRUE AND CORRECT. THE	E DOCUMENT HAS BEEN DULY
AUTHORIZED BY THE GOVE	RNING BODY OF THE APPLICA	NT AND THE APPLICANT WILL	COMPLY WITH THE ATTACHED ASSURANCES	IF THE ASSISTANCE IS AWARDED.
a. Typod Name of Authorized			b. Tille;	c. Telaphona Number
	Michael F. Harris		Deputy Director, Admin.	(916) 653-4633
d. Signature à Authorized Rep	presentative			e. Data Signod
	W/X	1		9/18/03
Approved for the Secretary of the	he Interior		Title;	Date
	•			
Signature Providus Editions Not Usable				Steadord Foot 424 /REV/ 4-88\

22/2003 11:44	4454058		LFB	PAGE 03
APPLICATION FO)	OMB Approval No. 0848-0
FEDERAL ASSIST	IANCE		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION:	***		September 17, 2003	
<u>Application</u>		Pro-application	3. DATE RECEIVED BY STATE	State Application Identifier
Construction		Construction		
		·	4. DATE RECEIVED BY FEDERAL AGENCY	Foderal Identifier
Non-Construction		Non-Construction		F-107-B Amendment
5. APPLICANT INFORMATION			5	
	TATE OF CALIFO	RNIA	Organizational Unit:	4.0
Address (give city, county, state	t of Fish & Game		Department of Fish an	
Fisheries Prog	1 4 5 1 1 1	SEP 2 2 2008	Name and Blephane number of the person to be	contaced on matters involving this
1812 Ninth Stre			application (give area codo);	
Sacramento, C		construction of the second construction of the s	Murata (916	1.445,3559
6. EMPLOYER IDENTIFICATION		FOLLANING	7. TYPE OF APPLICANT; (onter appropriate let	
	4-1697567	Section (A)	A State	H. Independent School Dist.
6. TYPE OF APPLICATION:		· · · · · · · · · · · · · · · · · · ·	B. County	State Controlled Instruction
New	Continuation	Revision	C. Municipal	of Higher Learning
If Revision, enter appropriate let		h	D. Township	J. Private University
	7		E. Intorstate	L. Individuel
A. Increase Award	B. Decresse Award		F. Intermunicipal	M. Profit Organization
C. Increase Duration	D. Decrease Duration		G. Special District	N. Other (Specify)
E. Other (specify):				
10, CATALOG OF FEDERAL D	OMESTIC ASSISTANCE NUM	IBER;	9. NAME OF FEDERAL AGENCY:	
15-605			U.S. Department of the	Interior
TITLE: S	port Fish Resto	ration Act	U.S. Fish and Wildlife	Service
12. / AREAS AFFECTED BY PR	ROJECT (cities, counties, state	es, etc.);	11. DESCRIPTIVE TITLE OF APPLICANTS PR	
		•	Motorboat Access Enhance	ment Project for the
S	olano County		West Ninth Street Boat Lau	nching Facility.
		_	Request for agreement period	dextension. No changes
13. PROPOSED PROJECT;			in funding.	· · · · · · · · · · · · · · · · · · ·
Sten Date	Ending Date	14. CONGRESSIONAL DIST	RICTS OF:	-
7/16/2001	12/31/2004	a. Applicant		b. Project
15. ESTIMATED FUNDING:			3	7
a. Federal	\$327,228.00	16. IS APPLICATION S	UBJECT TO REVIEW BY STATE EXECUTIVE ORD	ER 12372 PROCESS?
b. Applicant		A YES THIS PREA	PPLICATION/APPLICATION WAS MADE AVAILAB	LE TO THE
			ÉCUTIVE ORDER 12372 PROCESS FOR RÉVIEW	
r. Stato	\$109,076.00	Date:	Sept 22, 2003	
		ь. ND PROG	RAM IS NOT COVERED BY E.O. 12972	
d, Local		OR P	ROGRAM HAS NOT BEEN SELECTED BY STATE	FOR REVIEW
e. Other			ON DELINQUENT ON ANY FEDERAL DEBT?	V Na
1. Program Income		Yes If "Ye	es", ⊒ttach an explanation	X No
g. TOTAL	\$436,304.00			
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF, ALL [DATA IN THIS APPLICATION/P	PREAPPLICATION ARE TRUE AND CORRECT. TH	IE DOCUMENT HAS BEEN DULY
AUTHORIZED BY THE GOVER	NING BODY OF THE APPLIC,	ANT AND THE APPLICANT WI	LL COMPLY WITH THE ATTACHED ASSURANCE	SIF THE ASSISTANCE IS AWARDED.
a, Typed Name of Authorized R			b. Title:	c. Telephone Number
	ichael F. Hanis	~	Deputy Director, Admin.	(916) 653-4633
d. Signature of Authorized Rem	esemieline			e. Date Signed
(//04	HI K SH	1		7/18/83
Approved for the Secretary of the	e Interior		Title:	Date
, , , , , , , , , , , , , , , , , , , ,				,
Signature Previous Editions Not Usable				Constant from 4D4 (DEL4 COL)
LIONIOGO EGIDOLIS NOLŪSKIDIO		1		Standard Form 424 (REV 4-88)

APPLICATION F				OMB Approval No. 0348-0043
FEDERAL ASSI	STANCE		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION:			September 17, 2003	
Application	Ere-application	· •	3. DATE RECEIVED BY STATE	State Application Identifier
X Construction	Construction			order repriessor rescribed
•			4. DATE RECEIVED BY FEDERAL AGENCY	Fodoral Identilier
Nan-Construction	Non-Construction			F-104-B Amendment #3
5. APPLICANT INFORMAT	ION			II -104-B Amendment #3
Legal Name:	STATE OF CAL	IFORNIA	Organizational Unit:	
Address (give city, county, s		the second section of the	Department of Fish and	l Game
Dept. of Fish &	Game - Fishe ries Pr	rograms Branch	Name and telephone number of the person to be	
1812 Ninth Stree	1 1 1	国 图 国 U U	application (give area code):	contaced on warrant likelying this
Sacramento, CA	95814		Carolyn Murata (91	6) 445-3559
6. EMPLOYER IDENTIFICA		SEP 2 2 2003	7. TYPE OF APPLICANT: (enior appropriate let	
	94-1697567	SEP 2 2 2000	A. Siato	H. Independent School Dist.
8. TYPE OF APPLICATION:			H. County	I. State Controlled Instruction
New	X Communion	ATE CERMING	- C) MURICIE	of Higher Learning
If Revision, enter appropriate	letter(s) in box(es):	ATE CLIPAGES ON LA	D. Township	J. Private University
		And the second s	E. Interetato	L. Individual
A. Increase Award	B, Decreese Award		F. Intermunicipal	M. Profit Organization
C. Increase Duration	D. Decrease Duration		G. Special District	N. Other (\$pacify)
E. Other (specify):	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	C. Special Classics	N. Other (Spacify)
10. CATALOG OF FEDERAL	L DOMESTIC ASSISTANCE	NUMBER:	9. NAME OF FEDERAL AGENCY:	
15-605			U.S. Department of the	Interior
TITLE:	Sport Fish Rest	oration Act	U.S. Fish and Wildlife S	
12, JAREAS AFFECTED BY			11. DESCRIPTIVE TITLE OF APPLICANTS PRO	
		, , , , , , , , , , , , , , , , , , , ,	Amendment #3 - Motorboat	
	Shasta Coun	fv	Project for Turtle Bay Boat F	
		-3		
13, PROPOSED PROJECT;		7	Request for agreement period funding.	extension. No changes in
Start Date	Ending Date	 		
12/14/2000	12/31/2004	14 CONGRESSIONAL DISTRICT		
15. ESTIMATED FUNDING:		14. CONGRESSIONAL DISTRICT	S DF,	D Broken
	1210112004	a, Applicant		D. Project
a. Federal		a, Applicant		2
a. Fadoral	\$209,085.00	a, Applicant 3	SUBJECT TO REVIEW BY STATE EXECUTIVE C	2 ROER 12372 PROCESS?
		a, Applicant 3 16, IS APPLICATION a, YES, THIS PRI	I SUBJECT TO REVIEW BY STATE EXECUTIVE O	2 ROER 12372 PROCESS? ABLE TO THE
		a, Applicant 3 16, IS APPLICATION a, YES, THIS PRI	SUBJECT TO REVIEW BY STATE EXECUTIVE C	2 ROER 12372 PROCESS? ABLE TO THE
	\$209,085.00	a, Applicant 3 16, IS APPLICATION a, YES, THIS PRI	I SUBJECT TO REVIEW BY STATE EXECUTIVE OF EAPPLICATION/APPLICATION WAS MADE AVAIL EXECUTIVE ORDER 12372 PROCESS FOR REVI	2 ROER 12372 PROCESS? ABLE TO THE
b. Applicant		a, Applicant 3 16. IS APPLICATION a. YES. THIS PRI STATE I	I SUBJECT TO REVIEW BY STATE EXECUTIVE C EAPPLICATION/APPLICATION WAS MADE AVAIL EXECUTIVE ORDER 12372 PROCESS FOR REVI Sept - W, WWY	2 ROER 12372 PROCESS? ABLE TO THE
b. Applicant	\$209,085.00	a, Applicant 16, IS APPLICATION a, YES, THIS PRI STATE Date: b. NO, PRC	SUBJECT TO REVIEW BY STATE EXECUTIVE OF EAPPLICATION WAS MADE AVAILED EXECUTIVE ORDER 12372 PROCESS FOR REVIEW TO THE PROCESS FOR THE PROCESS	2 ROER 12372 PROCESS? ABLE TO THE EW ON:
b. Applicant c. State	\$209,085.00	a, Applicant 16, IS APPLICATION a, YES, THIS PRI STATE Date: b. NO, PRC	I SUBJECT TO REVIEW BY STATE EXECUTIVE C EAPPLICATION/APPLICATION WAS MADE AVAIL EXECUTIVE ORDER 12372 PROCESS FOR REVI Sept - W, WWY	2 ROER 12372 PROCESS? ABLE TO THE EW ON:
b. Applicant c. State	\$209,085.00	a, Applicant 16, IS APPLICATION a, YES, THIS PRI STATE I Date: b. NO, PRC OR	I SUBJECT TO REVIEW BY STATE EXECUTIVE OF EAPPLICATION/APPLICATION WAS MADE AVAIL EXECUTIVE ORDER 12372 PROCESS FOR REVIEW TO THE PROCESS FOR REVIEW	2 ROER 12372 PROCESS? ABLE TO THE EW ON:
b. Applicant c. State d. Local	\$209,085.00	a, Applicant 16. IS APPLICATION a, YES. THIS PRI STATE Date: b. NO, PRO OR 17. IS THE APPLICA	EAPPLICATION/APPLICATION WAS MADE AVAIL EXECUTIVE ORDER 12372 PROCESS FOR REVI SELECT VIOLENTIAL STATE EXECUTIVE OF THE PROCESS FOR REVI SELECT VIOLENTIAL STATE OF THE PROCESS FOR REVI PROGRAM IS NOT COVERED BY E.O., 12372 PROGRAM HAS NOT BEEN SELECTED BY STATE OF THE PROCESS FOR REVI TION DELINQUENT ON ANY FEDERAL DEBT?	2 ROER 12372 PROCESS? ABLE TO THE EW ON: TE FOR REVIEW
b. Applicant c. State d. Local e. Other f, Program Income	\$209,085.00 \$69,695.00	a, Applicant 16. IS APPLICATION a, YES. THIS PRI STATE Date: b. NO, PRO OR 17. IS THE APPLICA	I SUBJECT TO REVIEW BY STATE EXECUTIVE OF EAPPLICATION/APPLICATION WAS MADE AVAIL EXECUTIVE ORDER 12372 PROCESS FOR REVIEW TO THE PROCESS FOR REVIEW	2 ROER 12372 PROCESS? ABLE TO THE EW ON:
b. Applicant c. State d. Local e. Other f. Program income g. TOTAL	\$209,085.00 \$69,695.00 \$278,780.00	a, Applicant 16. IS APPLICATION a, YES. THIS PRI STATE Date: b. NO, PRO OR 17. IS THE APPLICATION	EAPPLICATION/APPLICATION WAS MADE AVAIL EXECUTIVE ORDER 12372 PROCESS FOR REVI SELVE WAS NOT COVERED BY E.O., 12372 PROGRAM HAS NOT BEEN SELECTED BY STATE TION DELINQUENT ON ANY FEDERAL DEBT? YES", Bitach an explanation	2 ROER 12372 PROCESS? ABLE TO THE EW ON: TE FOR REVIEW X No
b. Applicant c. State d. Local e. Other f. Program income g. TOTAL 18. TO THE BEST OF MY KN	\$209,085.00 \$69,695.00 \$278,780.00 NOWLEDGE AND BELLEF,	a. Applicant 15. IS APPLICATION a. YES. THIS PRI STATE Date: b. NO, PRC OR 17. IS THE APPLICATIONA ALL DATA IN THIS APPLICATIONA	EAPPLICATION ARE TRUE AND CORRECT, 7	2 ROER 12372 PROCESS? ABLE TO THE EW ON: TE FOR REVIEW X NO HE DOCUMENT HAS BEEN DULY
b. Applicant c. State d. Local e. Other f. Program income g. TOTAL 18, TO THE BEST OF MY KN AUTHORIZED BY THE GOVE	\$209,085.00 \$69,695.00 \$278,780.00 NOWLEDGE AND BELIEF, ERNING BODY OF THE AP.	a, Applicant 16, IS APPLICATION a, YES, THIS PRI STATE Date: b. NO, PRO OR 17, IS THE APPLICATIONA YOS	I SUBJECT TO REVIEW BY STATE EXECUTIVE OF EAPPLICATION/APPLICATION WAS MADE AVAILED. EXECUTIVE ORDER 12372 PROCESS FOR REVIEW AND AND AND SELECTED BY STATEMENT ON ANY FEDERAL DEBT? YES", Bitach an explanation PREAPPLICATION ARE TRUE AND CORRECT. TO SELECTED ASSURANCE.	2 ROER 12372 PROCESS? ABLE TO THE EW ON: TE FOR REVIEW X NO HE DOCUMENT HAS BEEN DULY ES IF THE ASSISTANCE IS AWARDED,
b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL 18, TO THE BEST OF MY KN AUTHORIZED BY THE GOVE B. Typed Name of Authorized	\$209,085.00 \$69,695.00 \$69,695.00 \$278,780.00 NOWLEDGE AND BELIEF, ERNING BODY OF THE AP	a, Applicant 16, IS APPLICATION a, YES, THIS PRI STATE Date: b. NO, PRO OR 17, IS THE APPLICATIONA YOS	I SUBJECT TO REVIEW BY STATE EXECUTIVE OF EAPPLICATION/APPLICATION WAS MADE AVAILED BY EXECUTIVE ORDER 12372 PROCESS FOR REVIEW AND COVERED BY E.O. 12372 PROGRAM HAS NOT BEEN SELECTED BY STATION DELINQUENT ON ANY FEDERAL DEBT? YES", BRITISH ON COVERED BY E.O. 12372 TION DELINQUENT ON ANY FEDERAL DEBT? YES", BRITISH OF COVERED AND CORRECT, TO THE COMPLY WITH THE ATTACHED ASSURANCE D. Title:	2 ROER 12372 PROCESS? ABLE TO THE EW ON: TE FOR REVIEW X NO HE DOCUMENT HAS BEEN DULY ES IF THE ASSISTANCE IS AWARDED, c. Telephono Number
b. Applicant c. State d. Local e. Other f. Program income g. TOTAL 18, TO THE BEST OF MY KN AUTHORIZED BY THE GOVE B. Typed Name of Authorized	\$209,085.00 \$69,695.00 \$278,780.00 NOWLEDGE AND BELIEF, ERNING BODY OF THE AP. I Representative Michael F. Harris	a, Applicant 16, IS APPLICATION a, YES, THIS PRI STATE Date: b. NO, PRO OR 17, IS THE APPLICATIONA YOS	I SUBJECT TO REVIEW BY STATE EXECUTIVE OF EAPPLICATION/APPLICATION WAS MADE AVAILED. EXECUTIVE ORDER 12372 PROCESS FOR REVIEW AND AND AND SELECTED BY STATEMENT ON ANY FEDERAL DEBT? YES", Bitach an explanation PREAPPLICATION ARE TRUE AND CORRECT. TO SELECTED ASSURANCE.	2 ROER 12372 PROCESS? ABLE TO THE EW ON: TE FOR REVIEW X NO HE DOCUMENT HAS BEEN DULY ES IF THE ASSISTANCE IS AWARDED. C. Telephono Number (916) 653~4633
b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL 18, TO THE BEST OF MY KN AUTHORIZED BY THE GOVE B. Typed Name of Authorized	\$209,085.00 \$69,695.00 \$69,695.00 \$278,780.00 NOWLEDGE AND BELIEF, ERNING BODY OF THE AP	a, Applicant 16, IS APPLICATION a, YES, THIS PRI STATE Date: b. NO, PRO OR 17, IS THE APPLICATIONA YOS	I SUBJECT TO REVIEW BY STATE EXECUTIVE OF EAPPLICATION/APPLICATION WAS MADE AVAILED BY EXECUTIVE ORDER 12372 PROCESS FOR REVIEW AND COVERED BY E.O. 12372 PROGRAM HAS NOT BEEN SELECTED BY STATION DELINQUENT ON ANY FEDERAL DEBT? YES", BRITISH ON COVERED BY E.O. 12372 TION DELINQUENT ON ANY FEDERAL DEBT? YES", BRITISH OF COVERED AND CORRECT, TO THE COMPLY WITH THE ATTACHED ASSURANCE D. Title:	2 ROER 12372 PROCESS? ABLE TO THE EW ON: TE FOR REVIEW X NO HE DOCUMENT HAS BEEN DULY ES IF THE ASSISTANCE IS AWARDED, c. Telephono Number
b. Applicant c. State d. Local e. Other f. Program income g. TOTAL 18, TO THE BEST OF MY KN AUTHORIZED BY THE GOVE B. Typed Name of Authorized	\$209,085.00 \$69,695.00 \$278,780.00 NOWLEDGE AND BELIEF, ERNING BODY OF THE AP. I Representative Michael F. Harris	a, Applicant 16, IS APPLICATION a, YES, THIS PRI STATE Date: b. NO, PRO OR 17, IS THE APPLICATIONA YOS	I SUBJECT TO REVIEW BY STATE EXECUTIVE OF EAPPLICATION/APPLICATION WAS MADE AVAILED BY EXECUTIVE ORDER 12372 PROCESS FOR REVIEW AND COVERED BY E.O. 12372 PROGRAM HAS NOT BEEN SELECTED BY STATION DELINQUENT ON ANY FEDERAL DEBT? YES", BRITISH ON COVERED BY E.O. 12372 TION DELINQUENT ON ANY FEDERAL DEBT? YES", BRITISH OF COVERED AND CORRECT, TO THE COMPLY WITH THE ATTACHED ASSURANCE D. Title:	2 ROER 12372 PROCESS? ABLE TO THE EW ON: TE FOR REVIEW X NO HE DOCUMENT HAS BEEN DULY ES IF THE ASSISTANCE IS AWARDED. C. Telephono Number (916) 653~4633
b. Applicant c. State d. Local e. Other f. Program income g. TOTAL 18, TO THE BEST OF MY KN AUTHORIZED BY THE GOVE B. Typed Name of Authorized	\$209,085.00 \$69,695.00 \$69,695.00 S278,780.00 NOWLEDGE AND BELIEF, ERWING BODY OF THE APPLICATION OF THE A	a. Applicant 15. IS APPLICATION a. YES. THIS PRI STATE Date: b. NO, PRO OR 17. IS THE APPLICATIONA PLICANT AND THE APPLICATIONA PLICANT AND THE APPLICANT W.	I SUBJECT TO REVIEW BY STATE EXECUTIVE OF EAPPLICATION/APPLICATION WAS MADE AVAILED BY EXECUTIVE ORDER 12372 PROCESS FOR REVIEW AND COVERED BY E.O. 12372 PROGRAM HAS NOT BEEN SELECTED BY STATION DELINQUENT ON ANY FEDERAL DEBT? YES", BRITISH ON COVERED BY E.O. 12372 TION DELINQUENT ON ANY FEDERAL DEBT? YES", BRITISH OF COVERED AND CORRECT, TO THE COMPLY WITH THE ATTACHED ASSURANCE D. Title:	2 ROER 12372 PROCESS? ABLE TO THE EW ON: TE FOR REVIEW X NO HE DOCUMENT HAS BEEN DULY ES IF THE ASSISTANCE IS AWARDED. C. Telephono Number (916) 653~4633
b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL 18, TO THE BEST OF MY KN AUTHORIZED BY THE GOVE B. Typed Name of Authorized d. Signature of Authorized	\$209,085.00 \$69,695.00 \$69,695.00 S278,780.00 NOWLEDGE AND BELIEF, ERWING BODY OF THE APPLICATION OF THE A	a. Applicant 15. IS APPLICATION a. YES. THIS PRI STATE Date: b. NO, PRO OR 17. IS THE APPLICATIONA PLICANT AND THE APPLICATIONA PLICANT AND THE APPLICANT W.	EAPPLICATION ARE TRUE AND CORRECT. 100. Title: Deputy Director, Admin.	2 ROER 12372 PROCESS? ABLE TO THE EW ON: TE FOR REVIEW X NO HE DOCUMENT HAS BEEN DULY ES IF THE ASSISTANCE IS AWARDED. c. Telephono Number (916) 653-4633 8. Obto Signed

4454058

APPLICATION F	OR			
FEDERAL ASSIS		•	2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION:		*	September 17, 2003	Applicative Identification
Application		Pre-application	2. DATE RECEIVED BY STATE	State Application Identifier
X Construction		Construction		
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifior
Non-Construction	Same are consisted in the second consisted and	Nor-Construction		F-101-B Amendment #4
# APPLICANT INFORMATI		DAILS - DO I	Contracting ()	
Legal Name: Address (give city, county, su	STATE OF CALIFO	KNA E I W LE	Organizational Unit:	10
	ent of Fish & Game	1	Department of Fish and	
	grams Branch		Name and tolephone number of the person to be	contaced on mallers involving this
1812 Ninth St	- 1:1:11	SEP 2 2 2003		
Sacramento,	CA 95814	1	Carolyn Murata (91	
6. EMPLOYER IDENTIFICAT	TION NUMBER (EIN)	TE CLEARING H	7 THE OF APPLICANT: (enter appropriate let	ter): A
	94-1697567 STA	IF LILEMINIO	A State	H. Independent School Dist.
8. TYPE OF APPLICATION:	X Continuation		B. County	I. State Controlled Instruction
If Revision, onter appropriate		Revision	C. Municipal	of Higher Learning
1	C		D. Township E. Interstate	J: Private University L. Individual
A. Incresse Award	B. Decreese Award		F. Intermunicipal	M. Profil Organization
C. Increase Duration	D. Decrease Duration		G. Special District	N. Other (Specify)
E. Other (specify);				
	DOMESTIC ASSISTANCE NUM	BER:	9. NAME OF FEDERAL AGENCY:	
15-605	B	41 . A .	U.S. Department of the	
	Sport Fish Restora		U.S. Fish and Wildlife S	
12. TARLAS AFFECTED BY	PROJECT (cilies, counties, state	95, 0 (C.):	Amendment # 4 to Motorboa	
	Shasta County	•	Project for Lake Redding Fis	
	······		Request for agreement period	
13. PROPOSED PROJECT:	*	7	funding.	extension, 110 changes in
Start Date	Ending Dale	14. CONGRESSIONAL DISTR	ICTS OF:	
04/01/00	12/31/04	a. Applicam		b. Project
15. ESTIMATED FUNDING:]3	· · · · · · · · · · · · · · · · · · ·	2
a. Fedoral	\$253,950.00	16, IS APPLICATION SUE	BJECT TO REVIEW BY STATE EXECUTIVE ORD	ER 12372 PROCESS?
b, Applicant	:	a. YES. THIS PREAP	PLICATION/APPLICATION WAS MADE AVAILABL	E TO THE
		STATE EXE	CUTIVE ORDER 12372 PROCESS FOR REVIEW	ON:
c, State	\$84,650.00	Date:	Sept. n. nos	
d. Local			AM IS NOT COVERED BY 6,0, 12372	
u. Local		OR PRO	OGRAM HAS NOT BEEN SELECTED BY STATE F	FOR REVIEW
e. Other		17. IS THE APPLICATION	DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Incomo		Yeş K'Yes'	", atlach an explanation	X No
g, TOTAL	\$338,600.00	·		,
			EAPPLICATION ARE TRUE AND CORRECT, THE	
		NT AND THE APPLICANT WILL	COMPLY WITH THE ATTACHED ASSURANCES	IF THE ASSISTANCE IS AWARDED.
is. Typed Name of Authorized i	·		b, Title;	c. Talaphone Number
d, Signer to of Authorized Rep	Michael F. Harris		Deputy Director, Admin.	(916) 653-4633
	- Cool Hallyd /			e. Date Signed
V X M		45		7/18/07
Approved for the Secretary of the	he Interior		Title;	Date
Signature	•			
Provinus Editione Not Usablo				Stendard Form 424 (REV 4-98)

APPLICATION F				QMB Approval No. 0348-00
FEDERAL ASSIS	TANCE		2. DATE SUBMITTED	Applicant IdomMer
1. TYPE OF SUBMISSION:	e e e e e e e e e e e e e e e e e e e		September 17, 2003	
<u>Application</u>		Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
Construction		Construction		The state of the s
-			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Idomifier
Non-Construction		Non-Construction		F-97-B Amendment #1
6. APPLICANT INFORMATIO	NE.	and the second second	and the second s	
Legal Name: S	TATE OF CALIFO	RNIA	Organizational Unit:	
Address (give ally, county, sta		6	Department of Fish and	d Game
	t of Fish & Game	0	Name and telephone number of the person to be	
Fisheries Prog		Sim a	peplication (give area code):	
1812 Ninth Str	1 1 1 1 1 1	SEP 2 2 2003	1\ \	
Sacramento, C	And the second s	0	Carolyn Murata	916) 445-3559
6. EMPLOYER IDENTIFICAT	ION NUMBER (EIN):	- FIRMIGH	TYBE OF APPLICANT: (enter appropriate let	ter): A
	4-1697567	FO FARING !	A Slato	H. Independent School Dist.
8. TYPE OF APPLICATION:	- 1316	La Company of the Com	B. Caunty	I. State Controlled Instruction
	Continuation	Revision	C. Municipal	of Higher Loarning
If Revision, enter appropriate	7		D. Township	J. Private University
A. Indepse Award	J .		E. Interstate	t. Individual
C. Increase Duration	B. Decrease Award		F, Intermunicipal	M. Profit Organization
E. Other (specify);	O. Decrease Duration		G. Special District	N. Other (Specify)
	DOMESTIC ASSISTANCE NUM	(DED)		
15-605	PONESTIC ASSISTANCE NOW	IDEN:	9, NAME OF FEDERAL AGENCY:	l-fa-ia-
	port Fish Restor	ation Act	U.S. Department of the	
12. AREAS AFFECTED BY PR			U.S. Fish and Wildlife S	
IZ. MICHONALI ECIED BY PA	COJEC I (CHIOB, COUNTRY, STATE)	s, a(c,):	11. DESCRIPTIVE TITLE OF APPLICANTS PRO	
	an Luis Obispo		Amendment #1 to Motorboa	•
	an ruis Obisho	•	Project for Lake Nacimiento	
13. PROPOSED PROJECT:		7	Access. Requesting an exten	sion due to delays in
Start Date	Ending Date	44 000000000000000000000000000000000000	construction. No change in co	ists.
10/01/01	11/01/04	14. CONGRESSIONAL DISTR	ICTS DF;	
15, ESTIMATED FUNDING:	11/01/04	a. Applicant	•	b. Project
a. Federal	\$1,765,362.00	3		22
a. reveral	Ψ1,700,302.00	16. IS APPLICATION SU	BJECT TO REVIEW BY STATE EXECUTIVE ORDE	ER 12372 PROCESS?
b. Applicant			PLICATION/AFPLICATION WAS MADE AVAILABL	
- Flat	\$588,454.00	1	CUTIVE ORDER 12372 PROCESS FOR REVIEW	on;
c. Slate	\$366,434,00	Date:	Sept. 22, 2027	
d. Local			AM IS NOT COVERED BY E.O. 12372	
G. COCAI		OR PR	OGRAM HAS NOT BEEN SELECTED BY STATE F	DR REVIEW
o. Other		17. IS THE APPLICATION	N DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income		Yea If "Yes	', ettech an explanation	X No
g. TOTAL	\$2,353,816.00	-		_
		ATA IN THIS APPLICATION (200	EAPPLICATION ARE TRUE AND CORRECT. THE	DDG(MENT/MACHETICAL)
			COMPLY WITH THE ATTACHED ASSURANCES I	
a. Typed Name of Authorized R		The state of the s	b. Title:	c. Telephone Number
Mic	chael F. Harris		Deputy Director, Admin.	(916) 653-4633
d. Signature of Authorized Repr	sentativo			o, Date Signed
		Q-		Olicitan
and the same of th		<u> </u>		7/18/07
Approved for the Secretary of the	3 Interior		Title:	Date
Signature				
Previous Editions Not Usable				

APPLICATION	FOR			DMB Approval No. 0348-0049
FEDERAL ASS			2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION	₹:		September 17, 2003	
Application X Construction		Pre-application Construction	3. DATE RECEIVED BY STATE	State Application Identifier
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Non-Construction	•	Non-Construction (7		F-95-B Amendment #4
6. Applicant informa	TION			-
Legai Name:	STATE OF GALIFOR	RNIA	Organizational Unit:	
Address (give city, county,	state and zip code);		$1 \setminus \mathbb{R}^{U}$ Department of Fish and	l Game
1	ent of Fish & Game	SEP 2 2 2003	Name and disphone number of the person to be	contaced on matters involving this
	ograms Branch\\\\	SEF	application (bive area code);	•
1812 Ninth S	treet	1010	INISE!	
Sacramento,	CA 95814	TE CLEARING F	Carolyn Murata (9	
6, EMPLOYER IDENTIFIC	ATION NUMBER (EIN): \ ST	11 ULL	7. TYPE OF APPLICANT; (onicr appropriate lett	er): <u>A</u>
			1	H. Independent School Olst.
B. TYPE OF APPLICATION	N: Continuation	Decision.	B, County	l. State Controlled Instruction
If Revision, enter appropria:	·····	Revision	C. Municipal D. Township	of Higher Learning
III (44/314 II, 4/114 appropria	C		E. Interstate	J. Private University L. Individual
A. Increase Award	B. Decrease Award	hl	F. Intermunicipal	M, Profit Organization
C. Increase Duration	D. Decroase Duration		G, Special District	N. Other (Specify)
E. Other (specify);				The Built (Specify)
10. CATALOG OF FEDER	AL DOMESTIC ASSISTANCE NUMI	BER:	9. NAME OF FEDERAL AGENCY:	
15-605			U.S. Department of the	Interior
e: TITLE:	Sport Fish Restora	ation Act	U.S. Fish and Wildlife S	Service
12. AREAS AFFECTED BY	PROJECT (cilies, counties, states	, בזכ,);	11. DESCRIPTIVE TITLE OF APPLICANT'S PRO	JECT:
			Amendment #4 to Motorboa	t Access Enhancement
,	Santa Clara Coul	nty	Project for Anderson Lake E	loat Launching Facility.
		,	Requesting an extension to ac	commodate project
13. PROPOSED PROJECT			construction. No change in co	sts.
Start Date	 Ending Date 	14. CONGRESSIONAL DISTR	ICTS OF:	
12/03/98	06/30/04	a. Applicant		b. Project
15. ESTIMATED FUNDING		3		16
a. Federal	\$2,303,250.00	16. IS APPLICATION SUI	BJECT TO REVIEW BY STATE EXECUTIVE ORDE	R 12372 PROCESS?
b. Applicant			PLICATION/APPLICATION WAS MADE AVAILABL CUTIVE ORDER 12372 PROCESS FOR REVIEW	
c, State	\$767,750.00	Date;	Sent 22, 2007	
		b. NO PROGR	AM IS NOT COVERED BY E.O. 12372	
d. Local		OR PR	OGRAM HAS NOT BEEN SELECTED BY STATE F	OR REVIEW
e. Other		17, IS THE APPLICATION	DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income		Yes If "Yos	', attach an explanation	X No
g. TOTAL	\$3,071,000.00			
		I ATA IN THIS APPLICATION/PRI	EAPPLICATION ARE TRUE AND CORRECT. THE	DOCLIMENT HAS BEEN DULY
l .			COMPLY WITH THE ATTACHED ASSURANCES	_
a. Typed Name of Authorize			b. Title:	c. Telephone Number
	Michaelf. Harris		Deputy Director, Admin.	(916) 653-4633
d. Signature of Authorized F	Representative) G		s, Date Signed
Approved for the Secretary of	of the Interior		Title:	Date - A
Signature		:		
Previous Editions Not Useble				

APPLICATION FO	/D			OMB Approval No. 0348-0043
FEDERAL ASSIS		•	Z. DATE SUBMITTED	Applicant Identifiar
TYPE OF SUBMISSION:			September 11, 2003	
	Pre-application		3. DATE RECEIVED BY STATE	State Application Identifier
<u>Adollcettor</u>	Construction			
Construction		Д П ПЛ	4. DATE RECEIVED BY FEDERAL AGENCY	Faderal Identifier
_	Non-Constituction			F-4-D
X Non-Construction	-11-			Am. #22
APPLICANT INFORMATIO	STATE OF CALIF	ORNIA	Organizational Unit	
30 Вет	THE CHAPTER	2 2 2003 1 1	Department of Fish and	d Game
Address (give city, county, sta	ame - Eisheries Pro	grams Branch	Name and telephone number of the person to be	
1812 Ninth Street	The same of the sa	P2 2 N 1 C	application (give area code):	
Sacramento, CA	1 4111 [11]	KING HOUSE!	Carolyn Murata (9	16) 445-3559
B. EMPLOYER IDENTIFICAT			7. TYPE OF APPLICANT: (enter appropriate la	tier: A):
	94-1697567		A. State	H. Independent School Dist,
8. TYPE OF APPLICATION:			B. Caunty	l, State Controlled Instruction
	Cuntinuellon	XRevision	C, Municipal	of Higher Learning
New If Revision, enter appropriate	d ·	l	D. Township	J. Private University
in treviation annot appropriate	B		E. Interstate	L, Individual
L A, Increase Award	B. Decrease Award	inner	F. Intermunicipal	M. Profit Organization
C. Increase Award	D. Decrease Duration		G. Special District	N. Other (Specify)
E. Other (specify):	<i>D</i> , <i>D O D D D D D D D D D D</i>	•		
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE	NUMBER:	9. NAME OF FEDERAL AGENCY:	
15-605			U.S. Department of th	
	Sport Fish Resto	oration Act	U.S. Fish and Wildlife	
12. JAREAS AFFECTED BY			11. DESCRIPTIVE TITLE OF APPLICANTS PI	
			Stream and Lake Improven	
	Statewide		Amendment #22 redirects Pr	oject #10 to пеw SFRA
			grant #F-114-D: Fish Hatche	ery Operations. Also slight
		•	change to titles for Projects 6	
			This grant's 5-year proposal	will be reduced.
13. PROPOSED PROJECT:	Ending Date	14. CONGRESSIONAL DISTRIC		
Stan Date 07/01/99	06/30/04	a. Applicant		b. Project
15. ESTIMATED FUNDING		3	3	11
a. Federal	(\$4,019,250)	18. IS APPLICATIO	N SUBJECT TO REVIEW BY STATE EXECUTIVE	ORDER 12372 PROCESS?
a. Pederai	(+ ','- '-',''-',	1	REAPPLICATION/APPLICATION WAS MADE AV	
b. Applicant			E EXECUTIVE ORDER 12372 PROCESS FOR R	
D. Applicant				
c. State	(\$1,339,750)	Dates		
- 5	\- · / (· · - /	b. NO PF	ROGRAM IS NOT COVERED BY E.O. 12372	
d, Local			R PROGRAM HAS NOT BEEN SELECTED BY S	STATE FOR REVIEW
e. Other		17. IS THE APPLIC	ATION DELINQUENT ON ANY FEDERAL DEBT	7
f. Program Income	_	Yes	f 'Yes", attach an explanation	X No
n TOTAL	(\$5,359,000)	1		
18. TO THE BEST OF MY	KNOWLEDGE AND BELIEF,	ALL DATA IN THIS APPLICATION	VPREAPPLICATION ARE TRUE AND CORREC	T, THE DOCUMENT HAS BEEN DULY
AUTHORIZED BY THE GO	VERNING BODY OF THE A	PPLICANT AND THE APPLICANT	WILL COMPLY WITH THE ATTACHED ASSURA	NCES IF THE ASSISTANCE IS AWARDED.
a. Typed Name of Authoriz	nd Representative		ь, тіів: Deputy Director, Admin.	c, Tolephone Number (916) 653-4633
	Michael F. Harris	<u>`</u>	Dopary Bacotory, tarring	e. Date Signod
d. Signature of Authorized	Roprospriative			Olistan
1 (25	26 MC		<u> </u>	7/1/05
Approved for the Socretary	of the Interior		Title:	Oato
,			·	
Signature			<u> </u>	Standard Form 424 (REV 4-88)
Previous Editions Not Usab	Ib	Authorizad for Le	ocal Reproduction	Proscribed by OMB Circular A-102

APPLICATION F	OR			OMB Approval Na. 01/40-00/43			
FEDERAL ASSIS	STANCE	·	2. DATE SUBMITTED	Applicant Identifier			
1, TYPE OF SUBMISSION:			September 11, 2003				
Application	Pre-application	•	3. DATE RECEIVED BY STATE	State Application Identifier			
Construction	Construction						
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal identifier			
X Nan-Construction	Non-Construction			F-114-D			
5. APPLICANT INFORMAT			-				
Legal Name;	STATE OF CALI	FORNIA	Organizational Unit:				
Address (give city, county, s	nate and zip code);	E G E N V	Department of Fish and				
Dept. of Fish &	Game - Fisheries Pro	grams Branch U	Name and telephone number of the person to be	contaced on matters involving this			
1812 Ninth Stree			application (give area code):				
Sacramento, CA		SEP 2 2 2000	Carolyn Murata (9				
6. EMPLOYER IDENTIFICA	. 1	SEP 2 2 200	7. THE OF A LICENTIA COMMITTEE OF A STATE OF				
	94-1697567		A, State	H. Independent School Diet			
B. TYPE OF APPLICATION	<u></u>	ATE OLIMANRANG	E COURSE), State Centrolled Instruction of Higher Learning			
XNow		ATE TIPEVISION V	G. Minipipali	J. Private University			
lf Ravisjon, enter appropriet	e letter(s) in bax(e3):		D. Township	L. Individual			
			E. Interstate	M. Profit Organization			
A, Increase Award	B. Docresse Award		F. Intermunicipal	N. Other (Specify)			
C, Increase Duration	D. Docrease Duration		G. Special District				
E. Other (apecity):	AL DOMESTIC ACCIONANCE	MIMBER:	9. NAME OF FEDERAL AGENCY:				
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-605			U.S. Department of the Interior				
TITLE:	Sport Fish Rest	oration Act	U.S. Fish and Wildlife				
	BY PROJECT (cities, countles		11. DESCRIPTIVE TITLE OF APPLICANTS PE				
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	et i transfer femant acquires	, ,	Fish Hatchery Operations				
	Statewide		Old Project #10 from SFRA C				
				ide additional new projects in			
		• .	this new grant. Net changes	in cost between both			
13. PROPOSED PROJECT	т; '		grants = \$0. Revised project				
Start Date	Ending Date	14. CONGRESSIONAL DISTRIC	TS OF:				
07/01/99	06/30/04	a, Applicant		b. Praject			
15, ESTIMATED FUNDING		3					
a. Fodoral	\$4,019,250		N SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?				
			REAPPLICATION/APPLICATION WAS MADE AV				
b, Applicant		STATE	EXECUTIVE ORDER 12372 PROCESS FOR RE	WIEW ON:			
			Court 22 7 0002				
c. State	\$1,339,750		Sept. 22,2003				
	<u>'</u>		OGRAM IS NOT COVERED BY E.O. 12972				
d. Local .		_ °	R PROGRAM HAS NOT BEEN SELECTED BY S	IA(E FOR REVIEW			
		/h /A W/ W / A A / A	ATION DELINOUENT AN ANY SEDERAL DEPT				
e. Other	 	4	ATION DELINQUENT ON ANY FEDERAL DEBT?	X No			
f. Program Income	00 272 222	Yes IT	('Yea", attach an explanation				
9 TOTAL	\$5,359,000		LOGE ABOUT ATION ARE THUS AND CORRECT	THE DOCUMENT HAS REEN OUT Y			
			WPREAPPLICATION ARE TRUE AND CORRECT WILL COMPLY WITH THE ATTACHED ASSURAN				
		PHICANT AND THE APPLICANT	b. Title:	c. Telephone Number			
a. Typed Name of Authoris	zed Roprosentative Michael F. Harris	.	Deputy Director, Admin.	(916) 653-4633			
d Sough in a land	Representative	·	Dopar, Directory resident	a. Date Signed			
d. Signature of Solinorized		/ (3~		Theor			
	VU STORY	× •50 `		1119-(
Approved for the Secretary	of the Interior		Title:	Date .			
C:							
Signature				Standard Form 424 (REV 4-88)			

APPLICATION FOR

FEDERAL ASSISTANCE		NCE	2. DATE SUBMITTED September 15, 2003		Applicant Identifier		
4 7/75 05 011		<u> </u>	•	-	<u> </u>		
1. TYPE OF SUI	BMISSION:		3. DATE RECEIVED BY	STATE	State Application	on Identifier	
Application Construct	ion	Preapplication Construction	4 DATE DESCRIVED DV	/ FEDERAL AGENCY			
Non-Cons		Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifi	er	
5. APPLICANT I		Non-construction					
Legal Name:	THE OTHER PROPERTY.			Organizational Unit:	· · · · · · · · · · · · · · · · · · ·		
	oint Power	s Authority		N/A			
Address (give cit	ty, county, State,	and zip code):		Name and telephone number of person to be contacted on matters involving			
P.O. Box 2	262			this application (give area code) Paul Boyer, Self-Help Enterprises			
Alpaugh, C						iterprises	
				(559) 651-100			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 0 3 - 0 5 1 6 5 1 3			7. TYPE OF APPLICANT: (enter appropriate letter in box)				
8. TYPE OF APE	DI ICATION.			A. State	H. Independent		
O. ITPE OF APP		,		B. County C. Municipal	J. Private Unive	led Institution of Higher Learning	
	New	Continuation	Revision	D. Township	K. Indian Tribe	nsity	
If Revision, enter	appropriate lette	er(s) in box(es)		E. Interstate	L. Individual	a a section of the	
,				F. Intermunicipal	M. Profit Organ	ization	
A. Increase Aw	ard B. Dec	rease Award C. Increase	Duration	G. Special District	N. Other (Speci		
D. Decrease D	uration Other(s	specify):					
			9. NAME OF FEDERA	L AGENCY:			
				U.S.D.A. Rural Development			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:				
			1 0 — 7 6 0	Alpaugh Water S	vstem Rehab	ilitation Project.	
דודו כּ.	Water & Was	ste Disposal Systems f	or Pural Comm	Drill new well. Install water treatment, storage, and			
12 AREAS AFE	FCTED BY PRO	OJECT (Cities, Counties, Stat	es etc)	pressure facilities. Replace portions of water-distribution			
				system.		Language Land Land Conf	
I own of Alpa	lugh and surr	ounding area, Tulare C	County, California.			CED 9 9 2003	
13. PROPOSED	PROJECT	14. CONGRESSIONAL DIS	TRICTS OF:			OE! ALL	
Start Date	Ending Date	a. Applicant		b. Project		STATE CLEARING HOUSE	
		20th - Devi	n Nunes		20th- Devi		
15. ESTIMATED	FUNDING:			16. IS APPLICATION	SUBJECT TO R	REVIEW BY STATE EXECUTIVE	
				ORDER 12372 PROCESS?			
a. Federal		\$,933,000 ^{.00}				
-			00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE			
b. Applicant		\$	•		FOR REVIEW O	E EXECUTIVE ORDER 12372	
c. State		\$ 2	,100,000	DATE			
d. Local		\$		DAIL		And the same and	
				b. No. 🛮 PROGRA	M IS NOT COVE	ERED BY E. O. 12372	
e. Other \$.00		. 00	OR PROGRAM HAS NOT BEEN SELECTED BY STATE				
f. Program Incom	e	\$	00	FOR REV	ILVV		
		*	•	17. IS THE APPLICAN	IT DELINQUEN	T ON ANY FEDERAL DEBT?	
g. TOTAL \$ 4,033,000 °		☐ Yes If "Yes," attach an explanation. ☑ No					
		VLEDGE AND BELIEF, ALL					
		AUTHORIZED BY THE GOVITHE ASSISTANCE IS AWAF		E APPLICANT AND TH	E APPLICANT	WILL COMPLY WITH THE	
a. Type Name of Rick Sroka	Authorized Repr	1	b. Title Chairman	·	c. Telephone Nu (559) 949-8		
d. Signature of A	Addized Repres	sentaive Lroka	,		e. Date Signed	-03	

APPLICATION FO		2. DATE SUBMITTED		Ann	licant Identifier			
FEDERAL ASSIST	ANCE			App.	ileant lauminer			
1.TYPE OF SUBMISSION:		3. DATE RECEIVED BY STAT	E	State	e Application Ide	ntifier		
Application	Preapplication						•	
Construction	Construction	4. DATE RECEIVED BY FEDE	RAL AGENCY	Fede	ral Identifier			
Non-Construction	X Non-Construction				•			
5. APPLICANT INFOR								
Legal Name: Mendocino Address (give city, county, st	Community Health	Clinic, Inc.	Organization					
1 '	ate, and zip code):				ne number of per ive area code)	son to be	e contacted on matters involving	
333 Laws Avenue		05100						
Ukiah, Mendocino County, California, 95482								
6. EMPLOYER IDENTIFICATION	ON (EIN):		7. TYPE OF A	APPLI	ICANT: (enter ap	nronriate	letter in hoy)	
6 8 - 0 2 5 9 0 4 5					ionii (cinor up)	огоришко	N Doxy	
6 8 - 0 2 5 9 0 4 5			A. State		H. Inde	pendent	School Dist.	
8. TYPE OF APPLICATION:			B. County C. Municip	al	J. Priva	ate Unive	led Institution of Higher Learning ersity	
X New Continuation Revision			D. Townsh E. Intersta	ıte	K. India L. Indiv			
			F. Intermun G. Special		ıl M. Profi rict N. Othe	it Organi r (Specif	ization v) Non profit FOHC	
If Revision, enter appropriate letter(s) in						• • •		
A. Increase Award B. Decrease Award c. Increase Duration D. Decrease Duration Other (specify):						•		
			9. NAME OF FEDERAL AGENCY:					
			USDA Rural Development					
10. CATALOG OF FEDERAL I	DOMESTIC ASSISTANCE	E NUMBER:	11. DESCRIP	TIVE	TITLE OF APPLI	CANT'S	PROJECT:	
					6 774 7 7 4			
TITLE (0 - 7 6 6	Acquisition of Willits clinic facility Willits, California					
12. AREAS AFFECTED BY PI	Health Center 33	States etc.)	WIIIIICS,	, Ca.	TITOUINA	-can-estimen	Services Control of the Control of t	
	todaot formos, obarmos,	010100, 010.)				Salet Market	TUENTU	
Willits and Layton	ville, Mendocino	California					2.2.2000	
13. PROPOSED PROJ		ESSIONAL DISTRICTS O	F:			1	SEP 2 2 4003	
Start Date Ending Date	a. Applicant		b. Proje	ect			cc.	
9/11/03 9/11/03	3 1		1			lar	ATE CLEARING HOUSE	
1	5. ESTIMATED FUI	VDING				T TO RE	VIEW BY STATE EXECUTIVE	
a. Federal	\$ 1,605,986				12372 PROCESS			
	1,000,900		a.	YES.			I/APPLICATION WAS MADE ATE EXECUTIVE ORDER	
b. Applicant	\$ 86,600						FOR REVIEW ON:	
c. State	\$				DATE			
4 1 1								
d. Local	·. \$		b.	NO	PROGRAM	IS NOT	COVERED BY E.O. 12372	
e. Other	\$				OR PROGR	AM HAS	NOT BEEN SELECTED BY	
					STATE FOR			
f. Program Income	. \$		17 IS T	THE A	PPI ICANT DELIN	IOLIENT	ON ANY FEDERAL DEBT?	
				1	(Attach explanati	_	X NO	
g. Total	\$ 1,692,586	C	0.00	1153	(Attach explanati	ion) 🚨	∆ NO	
18. TO THE BEST OF	MY KNOWLEDGE	AND BELIEF, ALL DATA	A IN THIS	APP	LICATION/PR	FAPPI	ICATION ARE TRUE AND	
CORRECT, THE DOCL	JMENT HAS BEEN	I DULY AUTHORIZED E	BY THE GO)VFF	RNING BODY	OF T	HE APPLICANT AND THE	
		TACHED ASSURANCES	OIF THE A	251S	STANCE IS A			
a.Type Name of Authorized Re	epresentative	b. Title	1•			ł	c. Telephone Number	
Diane I. Clatty d Signature of Authorized Repr	- Constati	CFO/VP F	ınance				707 472–4574	
11/1 2	~~~ X						e. Date Signed	
Lant (Colly						1/11/03	

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STANDARD FORM 424 (REV. 4-92) Prescribed by OMB Circular A-102

APPLICATION FOR)	O	MB Approval No. (0348-00
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED		Applicant Identifier			
		September 1	September 18, 2003				
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Ap	plication Identifi	er	
Application Construction	pplication Preapplication Construction 4. DATE RECEI			Federal			
inon-Construction	Non-Construction				R9	# 03-453	
5. APPLICANT INFORMATION			Organizational Unit:				
Legal Name: Hi-Desert	Water District		Organizational Onit:				
Address (give city, county, State	, and zip code):		Name and telephone		•	ontacted on matter	rs involv
55439 29	Palms Hwy		this application (give a	_			
	ey, CA 92284		Pat Grady, (7	(60) 36	55-8333		
6. EMPLOYER IDENTIFICATIO			7. TYPE OF APPLICA	ANT: (ente	er appropriate le		
95 - 2303	12111		A. State	H. Indep	endent School I	Dist.	
8. TYPE OF APPLICATION:			B. County			ution of Higher Lea	arning
⊠ Ne	w Continuation	Revision	C. Municipal D. Township	J. Privat K. Indiai	e University n Tribe		
If Revision, enter appropriate let	tter(s) in box(es)		E. Interstate	L. Indivi			
			F. Intermunicipal		Organization		
7	crease Award C. Increas (specify):	se Duration	G. Special District	N. Othe	r (Specify)		
			9. NAME OF FEDER	AL AGEN	ICY:	**************************************	
		·	Enviro	nment	al Protectic	n Agency	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N	JIIMRED:	11. DESCRIPTIVE TI	TI F OF A	APPLICANT'S F	PROJECT	
	/alley Basin	66-606	1		TI LIOAITI OT		
	e/Reuse Project		This phase	e cons	ists of the c	construction	
12. AREAS AFFECTED BY PF		tales, etc.):				ll and three	- 1
Yucca Valley, San Bo			water qua	lity mo	hitoring we	llsi//ED	UNITED STATES OF THE PARTY OF T
13. PROPOSED PROJECT	14. CONGRESSIONAL D	DISTRICTS OF:	a de constante e de constante de		SEP	1 9 2003	Z CONTRACTOR DE LA CONT
Start Date Ending Date Nov/2003 May/2004	a. Applicant Congres District	ssman Jerry Lewis	b. Project Nor	ne	CTATE OLD	ARING HOUSE	
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJE	TTO REVIEW	BY STATE EXEC	UTIVE
	Ta	00	ORDER 12372 P	ROCESS	? Yes		
a. Federal	\$ 459,300	•	a. YES. THIS PRE	APPLICA	TION/APPLICA	TION WAS MADE	<u>:</u>
b. Applicant	\$ 22,930	.00	AVAILABL	E TO TH		CUTIVE ORDER 12	
c. State	\$.00	Photest	o FUR NE	IVIEVV OIV.		
			DATE S	eptem	<u>ber 18, 2</u> 0	03	
d. Local	5	.00	b. No. PROGR	AM IS NO	OT COVERED F	RY F () 12372	
e. Other	s	.00		GRAM H		SELECTED BY S	TATE
f. Program Income	S	,00	42.40.20			NU CCDETAL TO	DTC
g. TOTAL	\$ 400,000		17. IS THE APPLICA				
	482,230	-	Yes If "Yes,"		•		No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DUL							łE
ATTACHED ASSURANCES					· ·		
a. Type Name of Authorized Re	epresentative	b. Title		c. Tele	phone Number		

Lee Pearl

(760) 365-8333

General Manager

FEDERAL ASSISTA	NCE	2. DATE SUBMITTED		Applicant Identifie	er	
		September 11	1, 2003			
1. TYPE OF SUBMISSION:		3. DATE RECEIVED B	Y STATE	State Application	Identifier	
Application Construction	Preapplication Construction	4. DATE RECEIVED B	Y FEDERAL AGENCY	Federal Identifier		
■ Non-Construction	Non-Construction					
5. APPLICANT INFORMATION						
Legal Name: USDA - Forest Se	ervice, Klamath N	lational Forest	Organizational Unit: Supervisor	's Office		
Address (give city, county, State, 1312 Fairlane Ro California 9609	ad, Yreka, Siski	iyou County,	this application (give a		o be contacted on matters involvin	
6. EMPLOYER IDENTIFICATION	I NUMBER /C/A/V		7 TYPE OF APPLICA	NACT: /		
4 7 -1 6 0 0	000		7. TYPE OF APPLICA	H. Independent So	N	
8. TYPE OF APPLICATION:			B. County	•		
New Continuation Revision			C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual			
A. Increase Award B. Deci D. Decrease Duration Other(s	rease Award C. Increase	Duration	F. Intermunicipal G. Special District	M. Profit Organiza N. Other (Specify)		
	, <i>y</i> ,		9. NAME OF FEDERA	AL AGENCY:		
			NOAA- National Marine Fisheries Service			
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NU	MBER:	11. DESCRIPTIVE TIT	TLE OF APPLICAN	IT'S PROJECT:	
	[]	1 — 4 6 3				
TITLE Habitat	Conconvation		Lower S	South Fork :	Salmon River	
	Conservation		Restoration Project			
12. AREAS AFFECTED BY PRO	JECT (Cities, Counties, Stat	es, etc.):	1		DECEWED	
So. Fork Salmon F	River watershed,	Siskiyou Co.,	CA		Secretary Joseph Progress in the Designation Security	
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	TRICTS OF:			SEP 1 7 Z003	
	a. Applicant		b. Project Distric	-t 2	L TARING HOUSE	
05/04 10/05	District	2	<u> </u>		STATE CLEARING HOUS	
15. ESTIMATED FUNDING:			16. IS APPLICATION ORDER 12372 PR		IEW BY STATE EXECUTIVE	
a. Federal	\$				LICATION WAS MADE	
b. Applicant	\$.38,508	a. YES. THIS PREAPPLICATION/AP AVAILABLE TO THE STATE PROCESS FOR REVIEW OF		EXECUTIVE ORDER 12372	
c. State	\$.90 , 760 ^{.00}	DATE	9/11/03		
d. Local	\$.ºº	h No El BROCEA	MIC NOT COVER	ED BY E O 10070	
e. Other SRRC - non pr	\$ ofit	45,911	b. No.	GRAM HAS NOT BE	EEN SELECTED BY STATE	
f. Program Income	\$	0			NAMY FEDERAL DEDTO	
~ TOTAL	\$ 0.6	00	1		ON ANY FEDERAL DEBT?	
g. TOTAL	2,6	569 , 038 [.]	Yes If "Yes," a		Δ3	
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF T	AUTHORIZED BY THE GOV	ERNING BODY OF TH				
a. Type Name of Authorized Repr		b. Title		c. Telephone Numl	ber	
Margaret J. Bol		Forest Su			30) 842-6131	
d. Signature of Authorized Repres		o FC		e. Date Signed	/10/03	
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